BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA BOARD OF PODIATRIC MEDICINE 2005 Evergreen St., Suite 1300, Sacramento, CA 95815 P (916) 263-2647 | F (916) 263-2651 | www.bpm.ca.gov

CALIFORNIA BOARD OF PODIATRIC MEDICINE BOARD MEETING June 7, 2019

SUBJECT: LICENSING PROGRAM REPORT

ACTION: RECEIVE LICENSING PROGRAM REPORT

Committee Members:
Judith Manzi, DPM, Chair
Maria Cadenas, MBA

RECOMMENDATION

Receive and file the status update report on Licensing Unit activity.

ISSUE

This status report highlights key statistics of BPM's Licensing Unit and other licensing activity of note since last reported at the March 1, 2019 meeting of the Board.

DISCUSSION

The following data below lists current and up to date information for all licensing statistics, including new licenses and renewals.

1. Licensing Statistics

The following Licensing Report reflects a current capture of licensing statistics including new licenses and renewals during FY 18/19 Quarter 3 running from January 1, 2019, through March 31, 2019.

Licensing Statistics – New Licenses Issued, Year Over Year Comparison

This report provides a comparison of BPM licenses that have been issued during the three previous fiscal years for: 15/16, 16/17, 17/18 and those issued to date for FY 18/19. In FY 15/16, 80 permanent licenses were issued; FY 16/17, 75 permanent licenses; FY 17/18, 100 permanent licenses; FY 18/19, 61 permanent licenses to date. For a grand total of 316 newly licensed DPMs in the last four fiscal years. A comparison of gender, age and incoming to outgoing DPMs is provided for review. The categories for the outgoing licensee population include: retired, inactive, disabled and *canceled licenses.

A breakdown of licensing data includes the number of initial applications received that are currently pending. Of the 32 pending applications, four candidates recently completed their package.

Currently in fiscal year 18/19, BPM had 17 of its applicants come from out of state, 20 were third year residents from California and 24 were third year residents from an out of state program. (Attachment A)

<u>Licensing Statistics - Renewal Data and Renewal Data Breakdown</u>

This report provides an overview of license renewal data for FY 18/19 for which full reporting data is available and running from January – March 2019. In the month of January, 94 license renewals were mailed with 88 licenses renewed by the end of the month. During the month of February, 96 renewals were mailed with a total of 92 licenses renewed, and March had 88 license renewals mailed with 79 licenses renewed by the end of the month. For licentiates that did not comply with renewal requirements, Delinquent Renewal Notices were mailed to all pending renewals 30 days after license expiration.

License renewal data is broken down to include those that have filed for a Retired, Military, Disabled or Inactive modifier. Also included is the number of licensees in Delinquent status in addition to those whose status has changed from Active to Canceled, Revoked, Surrendered or Reinstated. (Attachment B)

<u>Licensing Statistics – Residents</u>

This report reflects the resident licensee base to date. The resident academic year started on July 1, 2018 and will end on June 30, 2019. BPM currently has 39 first year residents; 39 second year residents; and 43 third year residents, bringing our resident license total count to 123. Resident data includes the number of third year residents that currently hold or are applying for a permanent license. (Attachment C)

2. BPM Calendar (June – August 2019)

Provided for committee planning purposes and review is a 3-month timeline to enhance committee awareness for pertinent dates and approaching deadlines. (Attachment D)

NEXT STEPS

Staff will continue to maintain the Licensing Program by remaining current with processing applications, performing operations without backlog, and responding to specific inquiries from consumers, licensees and stakeholders on a daily basis.

ATTACHMENTS

- A. Licensing Statistics New Licenses Issued (Year/Year Comparison)
- B. Licensing Statistics Renewal Data Quarter 3 (January March 2019)
- C. Licensing Statistics Residents
- D. BPM Calendar (June August 2019)

Prepared by: Andreia Damian, Licensing Unit Coordinator

Andreia Damian

Licensing Unit Coordinator

Brian Naslund
Executive Officer

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Board of Podiatric Medicine Licensing Statistics - New Licenses Issued Year over Year Comparison

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	FY 15/16	FY 16/17	FY 17/18	FY 18/19
July	7	9	11	12
August	2	7	7	2
September	3	7	1	6
October	2	4	8	4
November	2	7	7	5
December	9	7	8	9
January	4	9	8	2
February	11	7	9	9
March	2	13	11	6
April	1	8	11	
May	21	6	16	
June	16	15	6	
New Licenses Issued by Fiscal Year	80	22	100	61

Current / Active License Total

	FY 15/16	FY 16/17	FY 17/18	FY 18/19	
				(Jan – Mar)	
Current / Active Licenses by Fiscal Year	2023	2191	2182	2227	

Initial License Application Pending Total

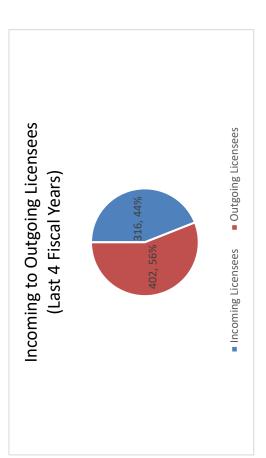
	Incomplete	Completed	Total to date
Initial License Application Pending	28	4	32

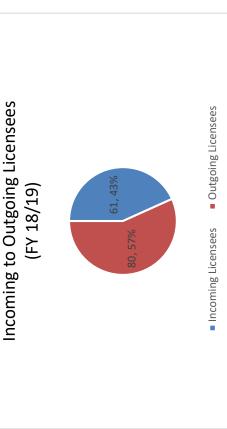
Board of Podiatric Medicine <u>Licensing Statistics - New Licenses Issued</u> Year over Year Comparison

Breakdown of Initial Application Categories

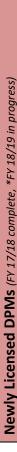
	Out of State	CA 3 rd Year Residents	Out of State 3 rd Year Residents	Total DPMs Licensed in CA
Initial Application Categories for FY 15/16	22	30	28	80
Initial Application Categories for FY 16/17	21	29	25	75
Initial Application Categories for FY 17/18	31	32	37	100
Initial Application Categories for FY 18/19	17	20	24	61

Incoming / Outgoing Licensees



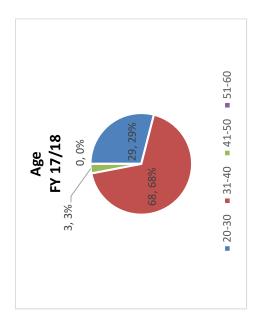


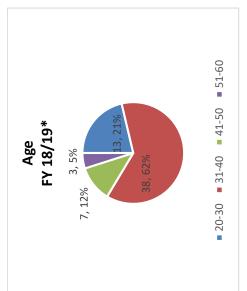
Licensing Statistics - New Licenses Issued Board of Podiatric Medicine Year over Year Comparison

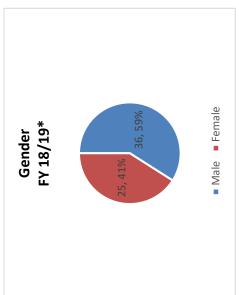


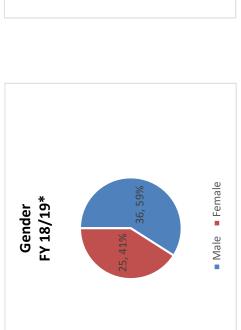
FY 17/18

Gender









MaleFemale

64,64%

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Board of Podiatric Medicine <u>Licensing Statistics – Renewal Data</u> Quarter 2 Report (January – March 2019)

Renewal Data

Renewals	Renewed	Delinquent	Delinquent	Delinquent	Delinquent
Sent		Retired Disabled	Disabled	Current/Active	Total
		status	status	status	
94	88	1	0	5	9
96	92	0	0	7	4
88	79	1	1	7	6
278	259	2	1	16	19

Renewal Data Breakdown

	Jan – Mar 2019
Renewed – Current	528
Renewed – Disabled	2
Renewed – Military	2
Renewed – Retired	21
Renewed – Inactive	4
Cancelled	6
Revoked	0
Surrendered	2
Reinstated	0

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Board of Podiatric Medicine <u>Licensing Statistics – Residents</u> Quarter 3 Report (Year over Year Comparison)

Resident Licenses

	Resident Academic Period July 1, 2015 – June 30, 2016 FY 15/16	Resident Academic Period Resident Academic Period July 1, 2015 – June 30, 2016 July 1, 2016 – June 30, 2017 FY 15/16	Resident Academic Period July 1, 2017 – June 30, 2018 FY 17/18	Resident Academic Period July 1, 2018 – June 30, 2019 FY 18/19
1st Year Resident	37	37	39	39
2 nd Year Resident	40	37	41	39
3 rd Year Resident	41	41	41	43
3rd Year Resident Rotation	1	3	2	2

Totals

Resident Academic Period July 1, 2018 – June 30, 2019	FY 18/19	123
Resident Academic Period July 1, 2017 – June 30, 2018	FY 17/18	123
Resident Academic Period July 1, 2016 – June 30, 2017	FY 16/17	118
Resident Academic Period July 1, 2015 – June 30, 2016	FY 15/16	119
		Total Resident Licenses

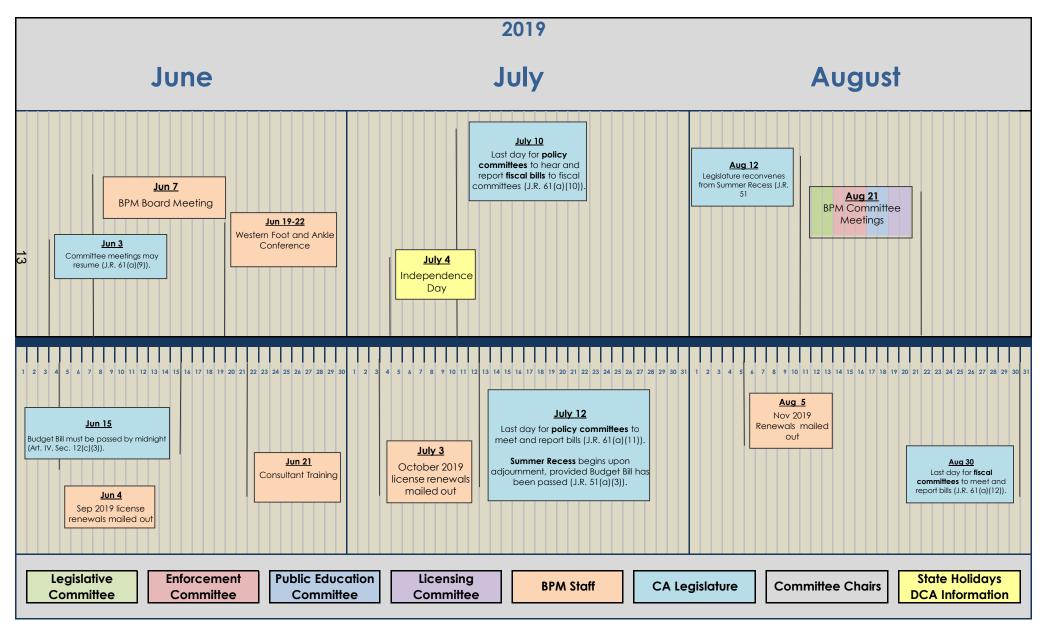
Resident / Permanent Licenses

Permanent Licenses Issued 33 34 33	Currently in Applicant Status 1 0	CA 3 rd Year Residents that are applying for or have obtained a Permanent License by Fiscal Year FY 15/16 FY 16/17 FY 17/18
Issued	Applicant Status	for or have obtained a Permanent License by Fiscal Year
Permanent Licenses	Currently in	CA 3 rd Year Residents that are applying

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BPM Calendar



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CALIFORNIA BOARD OF PODIATRIC MEDICINE BOARD MEETING June 7, 2019

SUBJECT: DISCUSSION AND POSSIBLE ACTION OF RECOMMENDATION

FOR APPROVAL OF CALIFORNIA PODIATRIC RESIDENCY

PROGRAMS FOR ACADEMIC YEAR 2019-2020

ACTION: REVIEW AND APPROVE QUALIFYING RESIDENCY PROGRAMS

RECOMMENDATION

Review and approve qualifying California residency programs.

ISSUE

19 separate California Post-graduate clinical training programs seek approval of applications of residency programs offered for the 2019-2020 academic year.

DISCUSSION

Section 2475.2 of the California Business and Professions Code (the "Code") defines podiatric residencies as post-graduate clinical training programs that are supervised and last one or more years in duration. These clinical training programs offer graduates of colleges or schools of podiatric medicine the opportunity and expectation to function as members of the health care team and gain hands-on medical and surgical training and experience in patient management in addition to structured learning in the diagnosis, treatment and care of podiatric pathology.

As part of the Board of Podiatric Medicine's ("BPM") licensing initiative that is unique to California, the Board requires a Podiatric Resident's License for all post-graduate clinical training participants and requires successful completion of at least two years of podiatric medical and surgical residency before a certificate to practice podiatric medicine may be issued.

As part of the effort to ensure the quality of post-graduate clinical training in California, BPM is legislatively required to approve podiatric residencies in the state under section 2475.3 of the Code for applicants or those individuals that have been issued a resident license to practice podiatric medicine.

Accordingly, consistent with stated requirements contained in section 1399.667 of the Podiatric Medicine Regulations, the Board may approve a podiatric residency provided that the program:

- 1) reasonably conforms with the Accreditation Council for Graduate Medical Education's Institutional Requirements of the Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements;
- 2) is approved by the Council on Podiatric Medical Education;
- 3) has a designated Director of Medical Education;
- 4) provides emergency medical training through emergency room rotations;
- 5) measures and evaluates the progress of participants;
- 6) measures and evaluates program effectiveness; and
- 7) has a minimum 75% resident pass rate on Part III of the National Board of Podiatric Medical Exam (the "Nat'l Boards") within the last five-year period.

Residency programs falling below the required minimum 75% passage rate on Part III of the Nat'l Boards may nevertheless be granted program approval if it is determined after inspection by the Board's site visit team or a review of reports submitted by the program that the program demonstrates reasonable conformance with all applicable requirements. Accordingly, the BPM Licensing Committee may in its discretion recommend approval of the applications for a vote by the full Board

The applicable BPM statutes and regulations are attached for Board reference in addition to submitted applications for Board review.

FINANCIAL IMPACT

Approval of this item will not have a financial impact on BPM's FY 19/20 Budget.

POLICY IMPLICATIONS

Board action is consistent with BPM's mandate for approval of post-graduate medical education for ensuring the quality of post-graduate clinical training in California as provided in:

- 1) Section 2475.3 of the California Business and Professions Code; and
- 2) Section 1399.667 of the Podiatric Medicine Regulations.

NEXT STEPS

With Committee approval, staff will forward program applications with corresponding recommendations to the full Board for consideration at the June 7, 2019 meeting.

ATTACHMENTS

- A. Section 2475.3 of the California Business and Professions Code
- B. Section 1399.667 of the Podiatric Medicine Regulations.
- C. Applications for Approval of Residency Programs in California
 - 1. Cedars-Sinai Medical Center Los Angeles, CA
 - 2. Chino Valley Medical Center Chino, CA
 - 3. Department of Veterans Affairs Greater Los Angeles Los Angeles, CA
 - 4. Department of Veterans Affairs San Francisco San Francisco, CA
 - 5. Department of Veterans Affairs Palo Alto Palo Alto, CA
 - 6. Department of Veterans Affairs Jerry L. Pettis-Loma Linda, CA
 - 7. Fountain Valley Regional Hospital Fountain Valley, CA
 - 8. Kaiser Permanente Oakland and San Francisco, CA
 - 9. Kaiser Permanente Sacramento, CA
 - 10. Kaiser Permanente Santa Clara, CA
 - 11. Kaiser Permanente Vallejo, CA
 - 12. Lakewood Regional Medical Center Lakewood, CA
 - 13. Long Beach Memorial Medical Center Long Beach, CA
 - 14. Dignity Health St. Mary's Medical Center San Francisco, CA
 - 15. Scripps Mercy Hospital San Diego, CA
 - 16. Scripps Memorial Hospital Encinitas, CA
 - 17. Silver Lake Medical Center Los Angeles, CA
 - 18. West Covina Medical Center West Covina, CA
 - 19. White Memorial Medical Center Los Angeles, CA

Prepared by: Andreia Damian, Licensing Unit Coordinator

Andreia Damian

Licensing Unit Coordinator

Brian K. Naslund Executive Officer This page intentionally left blank



State of California

BUSINESS AND PROFESSIONS CODE

Section 2475.3

2475.3. (a) The board shall approve podiatric residency programs, as defined in Section 2475.2, in the field of podiatric medicine, for persons who are applicants for or have been issued a certificate to practice podiatric medicine pursuant to this article.

- (b) The board may only approve a podiatric residency that it determines meets all of the following requirements:
- (1) Reasonably conforms with the Accreditation Council for Graduate Medical Education's Institutional Requirements of the Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements.
 - (2) Is approved by the Council on Podiatric Medical Education.
 - (3) Complies with the requirements of this state.

(Amended by Stats. 2003, Ch. 586, Sec. 1. Effective January 1, 2004.)

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DIVISION 13.9 **BOARD OF PODIATRIC MEDICINE OF THE**MEDICAL BOARD OF CALIFORNIA

1399.667. Postgraduate Medical Education.

Podiatric medical residencies approved by the board in accordance with Section 2484 of the code shall be those that meet the minimum requirements set by the Council on Podiatric Medical Education, have designated a Director of Medical Education, provide emergency medical training through emergency room rotations, measure and evaluate the progress of participants and program effectiveness, have at least a seventy-five per cent pass rate for residents taking the Part III exam of the National Board of Podiatric Medical Examiners within the most recent fiveyear period, and, in the board's determination, reasonably conform with the Accreditation Council for Graduate Medical Education's Institutional Requirements of the Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements, as revised effective September 1998, which are incorporated by reference in their entirety. Reasonable conformance means that, in applying such requirements, the podiatric medical equivalent should be substituted for references made to general medicine, as appropriate. For example, in regard to resident eligibility and selection, references to "graduates of medical schools accredited by the Liaison Committee on Medical Education" should be interpreted as graduates of podiatric medical schools accredited by the Council on Podiatric Medical Education and approved by the California Board of Podiatric Medicine.

If a residency program falls below the specified seventy-five per cent pass rate, the board may grant the program approval if it determines after review of reports submitted by the program or the board's own site visit team that the program is in reasonable conformance with all applicable requirements.

NOTE: Authority cited: Sections 2015, 2018 and 2470, Business and Professions Code. Reference cited: Sections 2475, 2475.3 and 2484, Business and Professions Code.

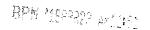
HISTORY:

- 1. Renumbering of Section 1366.8 to Section 1399.667 filed 12-7-79; effective thirtieth day thereafter (Register 79, No. 49).
- 2. Amendment filed 8-4-83; effective thirtieth day thereafter (Register 83, No. 32).
- 3. Change without regulatory effect (Register 87, No. 15).
- 4. Amendment of section and NOTE filed 12-11-95; operative 1-10-96 (Register 95, No. 50).
- 5. Amendment of first paragraph, new subsection (b) and amendment of Note filed 8-21-98; operative 9-20-98 (Register 98, No. 34).
- 6. Amendment of first paragraph filed 11-7-2000; operative 12-7-2000 (Register 2000, No. 45).
- 7. Amendment of section heading and section filed 11-12-2003; operative 12-12-2003 (Register 2003, No. 46).

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Please complete the application and return to our office no later than May 1, 2019.

If your institution offers more than one type of podiatric residency program, please use a separate application for each program. The Board will not issue a Resident's License to any resident participating in an institution's residency program until the residency program application has been submitted and approved by the Board and the resident has met all necessary requirements. Unlicensed residents participating in programs that are not approved by BPM may subject the institution to a Citation and Fine.

Sponsoring Facility: Ce	dars-Sinai Medical Center		
Address: 87	00 Beverly Blvd. Los Angeles, CA 90048		
Phone: (310) 423-500	0 Email: Towerpodiatry@gmail.com		
Residency Program Type:	PMSR – Podlatric Medicine and Surgery Residency	· · · · · · · · · · · · · · · · · · ·	
Residency (10grain 13pe,	X PMSR / RRA – Podiatric Medicine and Surgery Residency / Reconsti	ructive Rearfor	ot /Ankle
Does the Sponsoring Facility	Ţ.	Yes	No
(a) Meet the general (ins	stitutional) requirements of the ACGME?	X	
(b) Have a Director of M	edical Education?	X	
(c) Provide residents em	ergency medical training through ER rotations?	X	
(d) Measure & evaluate	progress of residents?	X	·
(e) Measure & evaluate	program effectiveness?	X	
Approved by the Council on	Podiatric Medical Education?	X	
Date of Last CPME site visit:	April 29, 2019		
Signatures:			
Program Director:	M. ·		
Printed Name: Bennam	David Massaband, DPM		
Date: April 19, 2019	Phone: (310) 657-2828 Email: 1	omassaband@gr	nail.com
Director of Medical Education:	Mer Mod		
Printed Name; Mark S. I	Noah, MD		
Date: April 19, 2019		Mark.Noah@	cshs.org
Facility / Hospital Administrator			
	cGàughey,∉ďD, MS		
Date: April 19, 2019	Phone: (310) 423-5711 Email: b	etsy.mcgaughey	@cshs.org





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					<i>i</i>
Sponsoring Facility: C	hino Valley Me	dical Center			
Address: 5451 Walnu	it Avenue, Chir	no, CA, 91710			
Phone: 909-464-860	00	Email: jarrod0517@gmail.co	om		
Danidanas Duantan Tunas	PMSR - Podiate	ic Medicine and Surgery Residency			
Residency Program Type:	PMSR/RRA-	Podiatric Medicine and Surgery Residency	/ Reconstructive R	earfoot /Ankle	
Does the Sponsoring Facili	ty:		Yes	S No	
(a) Meet the general (i	nstitutional) requireme	ents of the ACGME?		/	
(b) Have a Director of	Medical Education?			'	q
(c) Provide residents e	mergency medical tra	aining through ER rotations?	V	′	
(d) Measure & evaluat	e progress of residen	ts?		'	
(e) Measure & evaluat	e program effectivene	ess?		1	
Approved by the Council o	n Podiatric Medical	Education?		′	
Date of Last CPME site visi					
Signatures:					
Program Director: Qarr	od Shapir	o, DPM			
	Shapiro, DPM				
Date: 4/3/19		Phone: 909-706-3892	Email: jarrod0	517@gmail.c	om
Director of Medical Education	5.6	' '			
Printed Name:		ATIA, MD MMM.			1
Date: 4 1016		Phone: 818-528-1260	Email: 56ha	hacprime	bealthour .
Facility / Hospital Administra	tor: Var.	1/2			1
Printed Name: Tim Mor	an, ĊĖÓ	. , , , ,		comesses alconning of self-to-sec.	
Date: 4/10/19		Phone:	Email:		
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Please complete the application and return to our office no later than May 1, 2019.

If your institution offers more than one type of podiatric residency program, please use a separate application for each program. The Board will not issue a Resident's License to any resident participating in an institution's residency program until the residency program application has been submitted and approved by the Board and the resident has met all necessary requirements. Unlicensed residents participating in programs that are not approved by BPM may subject the institution to a Citation and Fine.

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Sponsoring Facility: DVA Great	wher Los Angelis	constant d - A - A - A - A - A - A - A - A - A -	44. It should carrie section.
Address: 11201 Wilshire Blud 3	Dept. of Sugary 10H2 Los +	luxues UA 9007	٠,٦
Phone: 310 268 3544	Email: DAUED, ALLES D VA		
Residency Program Type: PMSR - Podiate	ric Medicine and Surgery Residency		
	Podiatric Medicine and Surgery Residency	/ Reconstructive Rearfo	nt /Ankle
Does the Sponsoring Facility:		Yes	No
(a) Meet the general (institutional) requirement	ents of the ACGME? CPME		
(b) Have a Director of Medical Education?			
(c) Provide residents emergency medical tra	ining through ER rotations?		
(d) Measure & evaluate progress of resident		` /	
(e) Measure & evaluate program effectivene	ss?		
Approved by the Council on Podiatric Medical E	ducation?		
Date of Last CPME site visit: 2014			
Signatures:	CATE BELLEVILLE AND AND A CONTROL AND	To he may person of a constitution of the cons	. management of \$1.50
Program Director: DAUSECS. ALUCS			-
Printed Name:			
Date: 4/10/19	Phone: 3vo 266 3510	Email: Do 0	
Director of Medical Education	Commence of the Commence of th	Email: DAUDO, A	WY 100 100 100 100 100 100 100 100 100 10
Printed Name: At House The Endland			
	DE 2 120 120 1	- 10 P	# +-
AND ADDRESS OF THE PROPERTY OF	Phone: 3102 643/91	Email: arthur. fre) werd
Facility / Hospital Administrator:	Sh_		
Printed Name:			
Date:	Phone:	Email:	





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Application for Approval Residency Programs in California Academic Year 2019-2020

Please complete the application and return to our office no later than May 1, 2019.

If your institution offers more than one type of podiatric residency program, please use a separate application for each program. The Board will not issue a Resident's Licenso to any resident participating in an institution's residency program until the residency program application has been submitted and approved by the Board and the resident has mot all necessary requirements. Unlicensed residents participating in programs that are not approved by BPM may subject the institution to a Citation and Fine.

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Sponsoring Facility: DVA - San	Francisco		
Address: 4150 Clement	Street San Francisco	, CA 9412	
Phone: 415-221-4810 ext 2351	11 Emzil: arman. Kirakosian	@16.45	`
I DMSD Dod	llatric Medicine and Surgery Residency	Q.	
Madiadia Logiani Jpd. 4	A - Podiatric Medicine and Surgery Residency / F	Reconstructive Rearfo	of /Ankle
Does the Sponsoring Facility:		Yes	No
(a) Meet the general (institutional) require	ements of the ACGME?		 -
(b) Have a Director of Medical Education	· — — — — — — — — — — — — — — — — — — —		_
(c) Provide residents emergency medical	training through ER rotations?		
(d) Measure & evaluate progress of resid	y		-
(e) Measure & ovaluate program effective		V	
Approved by the Council on Podiatric Medic			
	2016		 -
Signatures:	And the second s	eriotzak <u>p</u> eriotzak ja jak filozofia a terri	est (A) a resident
	losian		
A	osian, DPM		
Date: 4/17/19		Turning and the last of	
1.00 to 10.00 (1.0	Phone: 415-221-4810 23682 E	mail: arman, kira	KO SIAN (BVA)
Director of Medical Education:	ca Shu		
Printed Name: Kebecca	Shunk		
Date: 429119	Phone: 45 2214810x2487 E	mail: Rebecc. St	null@1/4.
Facility / Hospital Administrator:	ance Grahan	<u> </u>	293 - 3 - 2 - 1 - 1 7
TO 10	/		
Printed Name: Bonnie Grah	<u>ram</u>		I

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Application for Approval Residency Programs in California Academic Year 2019-2020

Please complete the application and return to our office no later than May 1, 2019.

If your institution offers more than one type of podiatric residency program, please use a separate application for each program. The Board will not issue a Resident's License to any resident participating in an institution's residency program until the residency program application has been submitted and approved by the Board and the resident has met all necessary requirements. Unlicensed residents participating in programs that are not approved by BPM may subject the institution to a Citation and Fine.

Sponsoring Facility: VA	Palo Alto Healthcare System		
Address: 3801 Miranda Avenue	e Palo Alto, CA 94304		
Phone: 650-493-5000 ext 67524	Email: chatra.klaisri@va.gov		
Residency Program Type: PMSR – I	Podiatric Medicine and Surgery Residency		
PMSR/F	RA – Podiatric Medicine and Surgery Residency / Reco		
Does the Sponsoring Facility:		Yes	No
(a) Meet the general (institutional) req	uirements of the ACGME?	X	
(b) Have a Director of Medical Educat	ion?	X	
(c) Provide residents emergency med	ical training through ER rotations?	X	
(d) Measure & evaluate progress of re	esidents?	X	
(e) Measure & evaluate program effect	ctiveness?	X	
Approved by the Council on Podiatric Me	dical Education?	X	
Date of Last CPME site visit: 10/7/2016			
Signatures:			
Program Director:			
Printed Name: Chatra Klaisri			
Date: 4/8/19	Phone: 650-493-5000 ext 65377 Email	_{l:} chatra.klaisri@)va.gov
Director of Medical Education:	PAWN MP.		
Printed Name: John Pollar	1 ACOS/Education	(2)	
Date: 4/18/19	Phone: 650 493-5060 x 64215 Email	1: John Pollande	@ V4.50
Facility / Hospital Administrator:	4		
Printed Name: Thomas J	Fl+zy=1AOD #		
Date: 4-19-19	Phone: 650 493-5000 X 6540 S Emai	1:	





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Please complete the application and return to our office no later than May 1, 2019.

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Sponsoring Facility: A Lom.	A LINDA		
Address: 11201 13-4	11ton ST 1126 LOND LIN	11 GA 97	235
Phone: 964-825-7084	X 10 Semall: TS Man Mills & VA	G01	
PMSR - I	Podlatric Medicine and Surgery Residency		\neg
Residency Program Type: PMSR / F	RA – Podlatric Medicine and Surgery Residency / Recons	ructive Rearfoot /Ank	de
Does the Sponsoring Facility:		Yes No	
(a) Meet the general (institutional) req	ulrements of the ACGME?		
(b) Have a Director of Medical Educal	ion?	<u></u>	
(c) Provide residents emergency med	ical training through ER rotations?	V	
(d) Measure & evaluate progress of re	esidents?		
(e) Measure & evaluate program effec	tiveness?	U	
Approved by the Council on Podiatric Me	dical Education?	L	
Date of Last CPME site visit: 🛆 🨘	とってい ていく		
Signatures: The G M	1-115-5-72	tergen i im typigminy, producelli et elektrogram 🗴 er	
Program Director:	7		
Printed Name: TSVIan 6	411/55/ TAL	· · · · · · · · · · · · · · · · · · ·	,
Date: 5/1/19	Phone: 909-825 708 11 Email:]	32101 n. Mil	110
Director of Medical Education:	77	of the control of the state of	
Printed Name: 36 HV M. B.	TRUE, DO	· · · · · · · · · · · · · · · · · · ·	\exists
Date: 5/3/2019		OHNIBYRDE	ia
	andap Szer		48
racility / nospital Administrator.	deep S. Sraon or		
-1 1-010		1/00011	يل و
Date: 5 8 8017	Phone: 909-583-6005 Email:	KARANDEEL	
		@ VA. (ኃል)



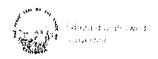


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	alley Regional Hospital	-medic	al Conter
Address: 17100 Euclid Str	ect FV, 97, 95.	708	
Phone: 714 966 7200	Email:		
Residency Program Type: PMSR – Podiatric	Medicine and Surgery Residency		
PMSR / RRA – Po	odiatric Medicine and Surgery Residency /	Reconstructive	Rearfoot /Ankle
Does the Sponsoring Facility:			es No
(a) Meet the general (institutional) requiremen	its of the ACGME?		
(b) Have a Director of Medical Education?		١	
(c) Provide residents emergency medical train	ning through ER rotations?		レ
(d) Measure & evaluate progress of residents?	?		
(e) Measure & evaluate program effectiveness	s?	1	/
Approved by the Council on Podiatric Medical Ed	ducation?		
Date of Last CPME site visit: Novem	2018		
Signatures:			
Program Director: Benedist Chine	1 2000		
Printed Name: Persellet chips			
Date: 4/3/19	Phone: 714 8614637	Email: byho	ninagnailco
Director of Medical Education:		7	
Printed Name: Page dick (NIOK			
	Chone: 14 9614637	Email: byhh	as ex hornison
Facility / Hospital Administrator:		12.	
Printed Name: / Kemesh D	uctaland		
11 - 1 - 16	Phone:	Email:	
y 1/			





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Application for Approval Residency Programs in California Academic Year 2019-2020

Please complete the application and return to our office no later than May 1, 2019.

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Sponsoring Facility: Kaiser Foundation Hospital-Oak	Janu
Address: 275 MacAMer Blvd, Oakland, CA 94611	
Phone: 510-752-6905 Email: Christy, M. King @	Kp. org
Residency Program Type: PMSR - Podiatric Medicine and Surgery Residency	
PMSR / RRA – Podiatric Medicine and Surgery Residency /	Reconstructive Rearfoot /Ankle
Does the Sponsoring Facility:	Yes No
(a) Meet the general (institutional) requirements of the ACGME?	
(b) Have a Director of Medical Education?	
(c) Provide residents emergency medical training through ER rotations?	
(d) Measure & evaluate progress of residents?	
(e) Measure & evaluate program effectiveness?	
Approved by the Council on Podiatric Medical Education?	
Date of Last CPME site visit: March 2014	The state of the s
Printed Name: Chr. Sty King Date: 4/4/19 Phone: 510-752-6905	Christy, M. King Okpore
	Email:
Director of Medical Education:	
Printed Name: Nardine Riegeli, MD	
Date: 4/4/2019 Phone: 510 752 2433	Email: navolve s. regelia kp.t
Facility / Hospital Administrator:	V I
Printed Name: Jeffrey Al Collins	
Date: 4/4/19 Phone: 5/0-752-2972	Email: Teff. A. Collins &
// ///	Email: Jeff. A. Collins &
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Sponsoring Facility: Kaiser Sacramento Valley		
Address: 1400 Eureka Rd. Roseville CN 95651		
Phone: 914 784-4157 Email: beoffrey. L. baggers @ XI	o. ora	
Residency Program Type: PMSR – Podiatric Medicine and Surgery Residency		
PMSR / RRA – Podiatric Medicine and Surgery Residency / Recons	structive Rearf	oot /Ankle
Does the Sponsoring Facility:	Yes	No
(a) Meet the general (institutional) requirements of the ACGME?	X	
(b) Have a Director of Medical Education?	X	
(c) Provide residents emergency medical training through ER rotations?	X	
(d) Measure & evaluate progress of residents?	X	
(e) Measure & evaluate program effectiveness?	X	
Approved by the Council on Podiatric Medical Education?	X	
Date of Last CPME site visit: Thre 9, 2017		
Signatures:		
Program Director:		
Printed Name: (reoffrey L, Vagger)		
Date: 4/9/2019 Phone: 9/6-784-4157 Email:	broffray, L	, Gaggero,
Director of Medical Education: Hillary Compellerun		
Printed Name: Hillary Campbell		
Date: 414 4040 Email:	Hillary,	2, Camp
Facility / Hospital Administrator:		
Printed Name: Cassandra Sharm		
Date: 4/19/19 Phone: 910-973-6045 Email:	Sandy.	sharon

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Application for Approval Residency Programs in California Academic Year 2019-2020

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Please complete the application and return to our office no later than May 1, 2019.

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Sponsoring Facility: KANSER TERMANDENTE JANSA CLAR	PA-	
Address: HO LAWRENCE EXWY # 140 SANTA CLARA C	A- 95151	_
Phone: 408 857-1957 Email: CRISTIAN. NEAGUCKP	DRG	
PMSP . Productio Modeles and Surrent Decides		_
Residency Program Type: PMSR / RRA – Podlatric Medicine and Surgery Residency / Recon	structive Rearfo	ot /Ankle
Does the Sponsoring Facility:	Yes	No
(a) Meet the general (institutional) requirements of the ACGME?		
(b) Have a Director of Medical Education?		
(c) Provide residents emergency medical training through ER rotations?		
(d) Measure & evaluate progress of residents?	レ	
(e) Measure & evaluate program effectiveness?	- L	
Approved by the Council on Podlatric Medical Education?		_
Date of Last CPME site visit: 3/2014		
Signatures:	St. 1. 5 Extensions	\$41.0 TE \$6.4 TE 1
Program Director:		
Printed Name: CRISTIAN WEAGN DPM		
Date: 4.16.2019 Phone: 400 857 - 1957 Email:	Ceistian.	VEAGUP ED.
Director of Medical Education: (a) Aug.		
Printed Name: Danny Sam, 40		
Date: 4/ A/Z019 Phone: 409-951-3830 Email:	danne	CAM A INA
The state of the s	UZANY.	same ispi
Facility / Hospital Administrator:	* .	
Printed Name: CHRIS BOYD	مام ما ا	10.4
Date: 9 17 20 9 Phone: 408 · 85 . 4 1 20 Fmail:	chris I. K)NUMB KID N





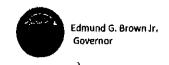


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Sponsoring Facility: Kaiser	r Permanente N	Medical Center Vallejo		
Address: 975 Sereno Dri	ive			
Phone: 707-651-5033		Email: Rey.L.Amador@kp.org		
Basidanas Buranas Torras	PMSR – Podiati	nc Medicine and Surgery Residency		
Residency Program Type:	X PMSR / RRA -	Podiatric Medicine and Surgery Residency	/ Reconstructive Rearfo	ot /Ankle
Does the Sponsoring Facility			Yes	No
(a) Meet the general (in	stitutional) requireme	ents of the ACGME?	x	
(b) Have a Director of M	fedical Education?		×	
(c) Provide residents en	nergency medical tra	aining through ER rotations?	x	
(d) Measure & evaluate	progress of resident	ts?	x	
(e) Measure & evaluate	program effectivene	ess?	x	
Approved by the Council on	Podiatric Medical	Education?	x	
Date of Last CPME site visit:	12/2018	3		
Signatures:	* . I A			
Program Director:	MILK			
Printed Name: Gray William	ms DPM			
Date: 4/3/2019		Phone: 707-651-3338	Email: gray.william	s@kp.org
Director of Medical Education:	Retur	m & Idealy M		
Printed Name: Kathryn Ho		my Haray, m		
11/2/21/2	1401, 1415	Phone: 707-651-4606	Email: kathryn.k.he	older@kg or
Date: 7 / 9 / 20 / 9		Priorie: 7 0 7 2 0 3 1 1 1 0 0	Email: Natin yir.K.iti	older@kp.or
Facility / Hospital Administrato		m		
Printed Name; Norair Jemj				
Date: 4/24/3	2019	Phone:	Email: norair. jemj	emian@kp





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Application for Approval Residency Programs in California Academic Year 2019-2020

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Sponsoring Facility: LAKEWOOD	REGIONAL MEDICA	L CENTE	<u> </u>
Address: 3700 E SOUTH	1 St. LAKE WOOD	O. CA 907	12
Phone: 562-602-50/5 E	mail: CAROL - MAMMOL	ITE OTENE	THEALTH.
	Medicine and Surgery Residency		
PMSR / RRA – Po	diatric Medicine and Surgery Residency	/ Reconstructive Rearfor	ot /Ankle
Does the Sponsoring Facility:		Yes	No
(a) Meet the general (institutional) requirements	s of the ACGME?		
(b) Have a Director of Medical Education?			
(c) Provide residents emergency medical training	ng through ER rotations?		
(d) Measure & evaluate progress of residents?			
(e) Measure & evaluate program effectiveness	7		
Approved by the Council on Podiatric Medical Edu	ucation?		
Date of Last CPME site visit: /2 · /4 ·	-2017		
Signatures:			
Program Director:	· ·		
Printed Name: / AWRENCE H	OD OR, OPM		
Date: 04-03-2019 P	hone: 562-804-1381	Email: LHOOOR	20 VERIZON
Director of Medical Education:			
Printed Name:	Konyalian ML)	
Date: $4-4-19$ P	bone: 562 5986700	Email: UKonyao	yahaa so-
Facility / Hospital Administrator:	Je a-		
Printed Name: John Gran			
1//1/	hone: 562-602-6751	Email: ゴカカルタマa	ha
411		Tonothe	· · · · · · · · · · · · · · · · · · ·





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Application for Approval Residency Programs in California Academic Year 2019-2020

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Sponsoring Facility: Long B	each Memorial Medical	Center	
Address: 2801 Atlan		90806	
Phone: 562-933-3200	Email: Pedramas @ Yaliss.c	, · · · · · · · · · · · · · · · · · · ·	
Residency Program Type: PMSR	- Podiatric Medicine and Surgery Residency		
isonadia) i iogidili i ipe. [t.]	/ RRA - Podiatric Medicine and Surgery Residency /	Reconstructive Rearfo	ot /Ankie
Does the Sponsoring Facility:		Yes	No
(a) Meet the general (institutional) r	requirements of the ACGME?	X	
(b) Have a Director of Medical Educ		×	······································
(c) Provide residents emergency m	edical training through ER retations?	X	
(d) Measure & evaluate progress of		X	
(e) Measure & evaluate program ef	fectiveness?	X	
Approved by the Council on Podiatric I		X	
	15/2017		
Signatures:			a water to
Program Director:		·	
Printed Name: Pedram)	Aslmand, DPM	-	
Date: 4/4/2019		mail: Pedran980	Yalios un
Director of Medical Educ	Ush huhath		
Printed Name: Michael 1	Vageoff, MA		
Date: 4/2//9		mail: MNageotte	2mann
facility / Hospital Administrator:	6 1/2 -		TOPE TOPES
Printed Name: Adrian R	anos, MD	· · · · · · · · · · · · · · · · · · ·	
Date: 4 22 19	AP3. 11	mail: <i>Aramos2</i>	@ ma
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Sponsoring Facility: St. Mary's	Medical Center		
Address: 450 Stanzan S	t. SAN Francisco CA	94117	
Phone: 415 750 5482	Email: ayana, Mathews		N7.0
PMSR - Podi	atric Medicine and Surgery Residency	Cogregation.	6,0
Residency Program Type:	 Podiatric Medicine and Surgery Residency 	/ Reconstructive Rearfoo	ot /Ankle
Does the Sponsoring Facility:	- Caladio Modalino di la Galgory (locidono)	Yes	No
(a) Meet the general (institutional) require	ments of the ACGME2	1/	
(b) Have a Director of Medical Education?		- V	
**		1/	
		- V	
(d) Measure & evaluate progress of reside		- V	
(e) Measure & evaluate program effective		- V	
Approved by the Council on Podiatric Medica	Il Education?	I V	
Date of Last CPME site visit: 2016	445		
Signatures: Im In of	2		
Program Director:			
Printed Name: Lawrence Oloff	DPM		
Date: 5/2/19	Phone: 415-750-5782	Email: 1 mop 11@c	iomiast not
	Mondelpon My		
Printed Name: Terrie Mendelso	- Contract of the contract of		
			11 Odias
Date: 4/30 /20/9	Phone: 415 750 5781	Email: Ferrie Men	act son & healf
Facility / Hospital Administrator:	of Cillin	THE STATE OF THE S	
Printed Name: John Alleh	-	,	
Date: 4/50/19	Phone: (415)750-5798	Email: john, alle	4@ dishits
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Application for Approval Residency Programs in California Academic Year 2019-2020

MEDICAL EDUCATION SCRIPPS MERCY HOSPITAL

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Soriace Maray Hospital Son D.			
	ego	10.2	
Address: 4077 Fifth Avenue, MER35, San Diego, CA 92103			
Phone: (619) 260-7220 Email: Green. Donald & Scrip	asheatth.	org	
Residency Program Type: PMSR – Podiatric Medicine and Surgery Residency	·,		į
PMSR / RRA – Podiatric Medicine and Surgery Residency / Reco			ļ
Does the Sponsoring Facility:	Yes	No	ı
(a) Meet the general (Institutional) requirements of the ACGME?			-
(b) Have a Director of Medical Education?			
(c) Provide residents emergency medical training through ER rotations?			
(d) Measure & evaluate progress of residents?	1		İ
(e) Measure & evaluate program effectiveness?	V		
Approved by the Council on Podiatric Medical Education?	V	"	
Date of Last CPME site visit: U/9/2017			
Signatures;			
Program Director: Some la Corce De Program Director:			
Printed Name: Donald Green, D.P.M.			
Date: 4/12/19 Phone: (4/4) 260-7220 Ema	Green. D	onaldescri	ppsheath.og
Director of Medical Education:			·
Printed Name: David Shaw, M.D.			
Date: 4/12/19 Phone: (6/9)260-7220 Ema	Shaw.D	avidosoni	opshealthorg
Facility / Hospital Administrator: 49m Hospital	· · · · ·		
Printed Name: Thomas A. Gammiere			
	Cammiero	.Tomeson	ippshealth-org
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Address: 384 Smith Ge Dizi	le Encilitys CH 92924	- E	
Phone: 760.633.6776	Email: C/8 - boundfield, lens	Judge 2	appliently.0129
Residency Program Type:	ric Medicine and Surgery Residency Podiatric Medicine and Surgery Residency / Reconstr	uativa Boorfs	yot /Ankla
disco l'astro Alexandre de la companya de la compan	Foundation Medicine and Surgery Residency / Reconstr	Yes	No No
Does the Sponsoring Facility:		1/	140
(a) Meet the general (institutional) requirement	ents of the ACGME?	V	
(b) Have a Director of Medical Education?		V	
(c) Provide residents emergency medical tra	aining through ER rotations?	V	
(d) Measure & evaluate progress of residen	ts?	V,	
(e) Measure & evaluate program effectivene	ess?		
Approved by the Council on Podiatric Medical	Education?	V	
Date of Last CPME site visit: 8/2010	P	Management of the North Association of the Control	
Signatures:			
Program Director:			
Printed Name: Kuman C	arrivo, DPM		•
Date: 4/12/19	Phone: (740) (4) - +009 Email: C	arrivod	pmagmail.com
Director of Medical Education:	417 3		
Printed Name: AMDALL GOSKOWIC	Z, M.D.		
Date: 4/16/19	Phone: 88-204-0805 Email: 63	oskowicz	z, randall Cgmail.
Facility / Hospital Administrator:			com
	an in		1
Date: 4/12/19	Phone: Email: 6	isman	Scotton en 105 Mer
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Application for Approval Residency Programs in California Academic Year 2019-2020

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Sponsoring Facility: Silver Las	Le Medical Center		
Address: 1711 W. Tenal	e Sheef Lox Angeles	Ca. 900	26
Phone: 213 989-6100	Email:		
Residency Program Type: PMSR - Poo	latric Medicine and Surgery Residency		
PMSR / RRA	- Podiatric Medicine and Surgery Residence		
Does the Sponsoring Facility:		Yes	No
(a) Meet the general (institutional) require	ements of the ACGME?		
(b) Have a Director of Medical Education	?		
(c) Provide residents emergency medica	training through ER rotations?		
(d) Measure & evaluate progress of resid	ents?		
(e) Measure & evaluate program effective	eness?		
Approved by the Council on Podiatric Medic	al Education?		
Date of Last CPME site visit:			1014
Signatures:			
Program Director: Hay was			
Printed Name: Han Snyser			
Date: 4/4/19	Phone: 323 666 5585	Email: asapa	479 Cgunad com
Director of Medical Education:			
Printed Name: Car Palana ND			
Date: 4419	Phone: (562) 896-4428	Email: CPAIGHA	MD e gmait com
Facility / Hospital Administrator:	We		
Printed Name: George WAT	cins	<u>, </u>	
Date: 4-3-19	Phone: 2/3-999-6/28	Email: George.	Matking of
		LA OOK	INTON NMC.CO





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Sponsoring Facility: West Covina Medical Center		and the second section of the section of the second section of the section of the second section of the section of th
Address: 725 S. Orange Ave, West Covina, CA	9170	90
Phone: (626) 338-8481 Email: Administration @ Wes	stcovin	amc.com
Residency Program Type: PMSR – Podiatric Medicine and Surgery Residency	···	
PMSR / RRA – Podlatric Medicine and Surgery Residency / Reconstr	uctive Rearfo	oot /Ankle
Does the Sponsoring Facility:	Yes	No
(a) Meet the general (institutional) requirements of the ACGME?		
(b) Have a Director of Medical Education?		
(c) Provide residents emergency medical training through ER rotations?		
(d) Measure & evaluate progress of residents?	W	
(e) Measure & evaluate program effectiveness?	V	
Approved by the Council on Podiatric Medical Education?	V	
Date of Last CPME site visit: 11/08/2018	ev niconalida a bisa sobri, ciro	·
Signatures:		<u> </u>
Program Director:		
Printed Name: Babak Alauynejad, DPM, FACFAS		
Date: 4-16-19 Phone: (626) 338-1800 Email: I	rAlavy	@yahoo.com
Director of Medical Education:	Transition of the second	the latest and the second street
Printed Name: Bakak Alarynejad, DPM, FACFAS		
	rAlavu	@yahoo,com
Facility / Hospital Administrator:	erent of her consist.	Marie Confession Confe
Printed Name: Gerald Wallman		
- H/0/10	dinini ch	icationa
Email: /		<u>vation(e)</u> vinamc.com





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Please complete the application and return to our office no later than May 1, 2019.

If your institution offers more than one type of podiatric residency program, please use a separate application for each program. The Board will not issue a Resident's License to any resident participating in an institution's residency program until the residency program application has been submitted and approved by the Board and the resident has met all necessary requirements. Unlicensed residents participating in programs that are not approved by BPM may subject the institution to a Citation and Fine.

Address: 1720 CESAY E. Chavez Ave., Los Arricles CA 9033 Phone: 323-2(00-578) Email: pod/afyic/1.e.yaho.com Residency Program Type: PMSR - Podiatric Medicine and Surgery Residency / PMSR/RRA - Podiatric Medicine and Surgery Residency / Reconstructive Rearfoot /Ankle Does the Sponsoring Facility: Yes No (a) Meet the general (institutional) requirements of the ACGME? (b) Have a Director of Medical Education? (c) Provide residents emergency medical training through ER rotations? (d) Measure & evaluate programs of residents? (e) Measure & evaluate program effectiveness? Approved by the Council on Podiatric Medical Education? Date of Last CPME site visit: 11/9/16 Signatures: Program Director: Printed Name: Stanley PMathis, DPM Date: 4-3-19 Phone: 323-987-1342 Email: Podiatricy evaluate. One of Medical Education: Director of Medical Education: Mathins & Demail: Podiatricy evaluate. One of Medical Education: Printed Name: Stephamie Grafts, M.Ed. Date: 4/10/10 Phone: 323-2(0-578) Email: Crafts Stephamic	Sponsoring Facility: Adventist Heat	th White Memorial	e ingressitä samerois. K		
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Printed Name: John Raffoll, CEO				-	
Date: 4/8/19 Phone: 323-268-5000 Email: Raffowt 6@ah.org	1 1 1 1 1	Phone: 323-268-5000	Email: 20	ffaUTG	Cah.ora